

## EMPLOYEE DISCLOSURE AND CERTIFICATION FORM

In Compliance with Governor's Executive Order 98-04,  
Governor's Policy Directive No. 8, and  
Arkansas Code Annotated § 21-8-304

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated § 21-8-304. I therefore certify that:

1. I have listed below if I am a current or former member of the Arkansas General Assembly, current or former constitutional officer, or state employee.
2. I have listed below if my spouse or the brother, sister, parent, or child of me or my spouse is a member of the Arkansas General Assembly, constitutional officer, or state employee.
3. I understand that I cannot enter into any Professional Consulting Services Contracts with any state agency.

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, or State Employee:

Position Held	Mark (✓)		Name of Position or Job Held [i.e., senator, representative, name of board/commission, data entry clerk, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Employee							

☐ None of the above applies

Name (*Please Print*) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR AGENCY USE ONLY**

Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____
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